



# **Minnesota Health Care Programs**

## **Eligibility Policy Manual**

**This document provides information about additions and revisions to the Minnesota Department of Human Service's Minnesota Health Care Programs Eligibility Policy Manual.**

**Manual Letter #19.7**

**December 1, 2019**

# Manual Letter #19.7

This manual letter lists new and revised policy for the Minnesota Health Care Programs (MHCP) Eligibility Policy Manual (EPM) as of December 1, 2019. The effective date of new or revised policy may not be the same date the information is added to the EPM. Refer to the Summary of Changes to identify when the Minnesota Department of Human Services (DHS) implemented the policy.

## I. Summary of Changes

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This section of the manual letter provides a summary of newly added sections and changes made to existing sections.

### A. [EPM Home Page](#)

We add a hyperlink to this manual letter on the EPM home page.

DHS bulletin #19-21-05, DHS Explains Changes to the MNsure Application for Health Coverage and Help Paying Costs, is not added to the EPM home page because it does not include MHCP eligibility policy and we do not intend to incorporate any of its content into the EPM.

### B. [Section 3.2.3.2 MinnesotaCare Employer Sponsored Coverage](#)

The change to this section updates the affordability standard from 9.86 percent to 9.78 percent. The new standard is effective January 1, 2020.

### C. [Appendix C Medicare Cost Sharing Amounts](#)

We update this appendix with the Medicare cost sharing amounts for the 2020 benefit year. We also include the amounts for the 2019 benefit year, which had yet been added to the EPM.

### D. [Appendix F Standards and Guidelines](#)

We update the following standards and guidelines in this appendix:

- Maximum monthly income allowance
- Home equity limit
- Clothing and personal needs allowance
- Maximum asset allowance
- Pickle disregard
- Remedial care expense
- Special income standard
- Student earned income exclusion
- Supplemental Security Income (SSI) maximum payment amounts
- 2020 tax year tax filing thresholds

The updated amounts are effective January 1, 2020.

## II. Documentation of Changes

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This section of the manual letter documents all changes made to an existing section. Deleted text is displayed with strikethrough formatting and newly added text is displayed with underline formatting. Links to the revised and archived versions of the section are also provided.

- A. [EPM Home Page](#)
- B. [Section 3.2.3.2 MinnesotaCare Employer Sponsored Coverage](#)
- C. [Appendix C Medicare Cost Sharing Amounts](#)
- D. [Appendix F Standards and Guidelines](#)

## A. EPM Home Page

Minnesota Health Care Programs

# Eligibility Policy Manual

Welcome to the Minnesota Department of Human Services (DHS) Minnesota Health Care Programs Eligibility Policy Manual (EPM). This manual contains the official DHS eligibility policies for the Minnesota Health Care Programs including Medical Assistance and MinnesotaCare. Minnesota Health Care Programs policies are based on the state and federal laws and regulations that govern the programs. See Legal Authority section for more information.

The EPM is for use by applicants, enrollees, health care eligibility workers and other interested parties. It provides accurate and timely information about policy only. The EPM does not provide procedural instructions or systems information that health care eligibility workers need to use.

## Manual Letters

DHS issues periodic manual letters to announce changes in the EPM. These letters document updated sections and describe any policy changes.

MHCP EPM Manual Letter #19.1, January 1, 2019

MHCP EPM Manual Letter #19.2, April 1, 2019

MHCP EPM Manual Letter #19.3 June 1, 2019

MHCP EPM Manual Letter #19.4, August 7, 2019

MHCP EPM Manual Letter #19.5, September 1, 2019

MHCP EPM Manual Letter#19.6, November 1, 2019

MHCP EPM Manual Letter #19.7. December 1, 2019

2018 Manual Letters

MHCP EPM Manual Letter #18.1, January 1, 2018

MHCP EPM Manual Letter #18.2, April 1, 2018

MHCP EPM Manual Letter #18.3, June 1, 2018

MHCP EPM Manual Letter #18.4, September 1, 2018

MHCP EPM Manual Letter #18.5, December 1, 2018

2017 Manual Letters

MHCP EPM Manual Letter #17.1, April 1, 2017

MHCP EPM Manual Letter #17.2, June 1, 2017

MHCP EPM Manual Letter #17.3, August 1, 2017

MHCP EPM Manual Letter #17.4, September 1, 2017

MHCP EPM Manual Letter #17.5, December 1, 2017

2016 Manual Letters

MHCP EPM Manual Letter #16.1, June 1, 2016

MHCP EPM Manual Letter #16.2, August 1, 2016

MHCP EPM Manual Letter #16.3, September 1, 2016

MHCP EPM Manual Letter #16.4, December 1, 2016

## **Bulletins**

DHS bulletins provide information and direction to county and tribal health and human services agencies and other DHS business partners. According to DHS policy, bulletins more than two years old are obsolete. Anyone can subscribe to the Bulletins mailing list.

A DHS Bulletin supersedes information in this manual until incorporated into this manual. The following bulletins have not yet been incorporated into the EPM:

- Bulletin #17-21-05, DHS Explains How Unified Cash Asset Policy Affects Medical Assistance (MA) Eligibility
- Bulletin #19-21-01, Pre-eligibility Verification for Medical Assistance for Families with Children and Adults
- Bulletin #19-21-02, DHS Announces Implementation of the Account Validation Service (AVS) for Medical Assistance (MA)
- Bulletin #19-21-04, DHS Announces Changes to the MAGI Methodology for Medical Assistance and MinnesotaCare

Prior versions of EPM sections are available upon request. This manual consolidates and updates eligibility policy previously found in the Health Care Programs Manual (HCPM) and Insurance Affordability Programs Manual (IAPM). Prior versions of policy from the HCPM and IAPM are available upon request.

Refer to the EPM Archive for archived sections of the EPM.

## Contact Us

Direct questions about the Minnesota Health Care Programs Eligibility Policy Manual to the DHS Health Care Eligibility and Access (HCEA) Division, P.O. Box 64989, 540 Cedar Street, St. Paul, MN 55164-0989, call (888) 938-3224 or fax (651) 431-7423.

Health care eligibility workers must follow agency procedures to submit policy-related questions to HealthQuest.

## Legal Authority

Many legal authorities govern Minnesota Health Care Programs, including but not limited to: Title XIX of the Social Security Act; Titles 26, 42 and 45 of the Code of Federal Regulations; and Minnesota Statutes chapters 256B and 256L. In addition, DHS has obtained waivers of certain federal regulations from the Centers for Medicare & Medicaid Services (CMS). Each topic in the EPM includes applicable legal citations at the bottom of the page.

DHS has made every effort to include all applicable statutes, laws, regulations and other presiding authorities; however, erroneous citations or omissions do not imply that there are no applicable legal citations or other presiding authorities. The EPM provides program eligibility policy and should not be construed as legal advice.

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Manual Letter #19.6, November 1, 2019

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Manual Letter #19.4, August 7, 2019

Manual Letter #19.3, June 1, 2019

Manual Letter # 19.2, April 1, 2019

Manual Letter #19.1, January 1, 2019

Manual Letter #18.5, December 1, 2018

Manual Letter #18.4, September 1, 2018

Manual Letter #18.3, June 1, 2018

Manual Letter #18.2, April 1, 2018

Manual Letter #18.1, January 1, 2018

Manual Letter #17.5, December 1, 2017

Manual Letter #17.4, September 1, 2017

Manual Letter #17.3, August 1, 2017

Manual Letter #17.2, June 1, 2017

Manual Letter #17.1, April 1, 2017

Manual Letter #16.4, December 22, 2016

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## B. Section 3.2.3.2 MinnesotaCare Employer Sponsored Coverage

MinnesotaCare

### 3.2.3.2 Employer-Sponsored Coverage

Employer-sponsored coverage is a barrier to MinnesotaCare eligibility for an employee in the following circumstances:

- The employee has access to coverage that meets both the minimum value and affordability standards.
- The employee is enrolled in the coverage, regardless of whether it meets the minimum value or affordability standards.

Access to employer-sponsored coverage that meets both the minimum value and affordability standards is a barrier to MinnesotaCare eligibility for people when they do not enroll in the employer-sponsored coverage at the time of the employer's open enrollment period or during a special enrollment period.

When an employer offers open enrollment less often than annually for a plan that meets the minimum value and affordability standards, an employee is considered eligible for the employer-sponsored coverage during the first coverage year that follows each open enrollment period. The employee is not eligible for MinnesotaCare for the first coverage year after each open enrollment opportunity.

When an employer offers open enrollment less often than annually for a plan that meets the minimum value and affordability standards and there was no open enrollment opportunity for the current coverage year an employee is not considered to be eligible for the employer-sponsored coverage until after the next open enrollment period. The employee may be eligible for MinnesotaCare, if the employee meets all other MinnesotaCare eligibility factors, until the employer-sponsored plan is offered again.

A person does not have access to employer-sponsored coverage until the first day of the first full month it is available to the person.

#### **Minimum Value Standard for Employer-Sponsored Coverage**

An employer-sponsored health plan meets the minimum value standard if it covers at least 60 percent of the total allowed costs under the plan, and the plan's benefits include substantial coverage of inpatient hospital and physician services.

#### **Affordability Standard for Employer-Sponsored Coverage**

An employer-sponsored health plan is affordable if the employee's portion of the annual premiums for employee-only coverage does not exceed ~~9.86~~ 9.78 percent of their annual household income for the tax year. The lowest-cost plan for employee-only coverage is used when determining affordability.

## **Employer-Sponsored Coverage for a Spouse and Dependents**

Employer-sponsored coverage is a barrier to MinnesotaCare eligibility for an employee's spouse or dependents if they are enrolled in the coverage, regardless of whether the employer-sponsored coverage meets the minimum value and affordability standards.

Employer-sponsored coverage that meets both the minimum value and affordability standards for the employee is a barrier to MinnesotaCare eligibility for the following people if they have access to enroll in the coverage, regardless of whether they enroll:

- People the employee expects to claim as a tax dependent
- The employee's spouse, if either of the following are true:
  - The employee and the spouse expect to file taxes jointly
  - The employee and the spouse do not expect to file taxes jointly, but the employee expects to claim a personal exemption for the spouse. The employee expects to claim a personal exemption for the spouse when they expect to list and count the spouse on a federal income tax return.

Employer-sponsored coverage is a barrier to eligibility for these people if they did not enroll in the employer-sponsored coverage at the time of the employer's open enrollment period or during a special enrollment period.

## **Change in Affordability for Employer-Sponsored Coverage**

If a person's employer-sponsored coverage is determined unaffordable at application, and becomes affordable at some point later in the employer-sponsored plan year, they remain eligible for MinnesotaCare for the remainder of the employer-sponsored plan year. Once the person is able to enroll in affordable employer-sponsored coverage through an open enrollment period, they are no longer eligible for MinnesotaCare.

- If a person is determined eligible for MinnesotaCare because they provide incorrect information regarding the affordability of their employer-sponsored plan at application, they can be disenrolled following 10-day advance notice requirements.
- If a person is determined eligible for MinnesotaCare because they did not update information regarding the affordability of their employer-sponsored plan at the time of their renewal, they can be disenrolled following 10-day advance notice requirements.

## **Voluntary Disenrollment from Employer-Sponsored Coverage**

People who are ineligible for MinnesotaCare because they are enrolled in employer-sponsored coverage may qualify for MinnesotaCare if the employer-sponsored coverage does not meet either the affordability or minimum value standard and they disenroll from the coverage. Eligibility begins the month after the employer-sponsored coverage ends.

## **Post-Employment Employer-Sponsored Coverage**

Health insurance available to former employees and dependents of former employees, such as continuation coverage under COBRA or retiree insurance, is only a barrier to MinnesotaCare eligibility if a person is enrolled in the coverage.

**Legal Citations**

- Code of Federal Regulations, title 26, section 1.36B-2
- Code of Federal Regulations, title 26, section 1.5000A-2
- Code of Federal Regulations, title 26, section 1.5000A-3
- Code of Federal Regulations, title 42, section 600.305
- Code of Federal Regulations, title 42, section 600.345
- Code of Federal Regulations, title 45, section 155.320
- Minnesota Statutes, section 256L.07

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## C. Appendix C Medicare Cost Sharing Amounts

Appendix C

# Medicare Cost Sharing Amounts

This appendix provides cost sharing amounts for Medicare.

### Medicare Part A Cost Sharing Amounts

Cost Type	2017	2018	2019	2020
Premium	Varies	Varies	Varies	Varies
Deductible	\$1,316	\$1,340	\$1,364	\$1,408
Hospital Coinsurance days 61-90	\$329	\$335	\$341	\$352
Hospital Coinsurance days 91-150	\$658	\$670	\$682	\$704
Skilled Nursing Facility Coinsurance days 1-20	\$0	\$0	\$0	\$0
Skilled Nursing Facility Coinsurance days 21-100	\$164.50	\$167.50	\$170.50	\$176

### Medicare Part B Cost Sharing Amounts

Cost Type	2017	2018	2019	2020
All Other Premium Amounts	Varies	Varies	Varies	Varies
Deductible	\$166	\$183	\$185	\$198
MSHO and SNBC plans that will pay the portion listed of the Medicare Part B Premium	Health Partners Classic MSHO -\$17.50	Health Partners Classic MSHO- \$6.60	None	None

## Medicare Part D Cost Sharing Amounts

### Standard Benefit Information

Cost Type	2017	2018	2019	2020
Premium	Varies	Varies	Varies	Varies
Annual Deductible	\$400	\$405	\$415	\$435
Coinsurance Costs	25% of drug costs between \$400.01 and \$3,700 (Cap of \$7,425)	25% of drug costs between \$405.01 and \$3,750 (Cap of \$7,508.75)	25% of drug costs between \$415.01 and \$3,820 (Cap of \$7,653.75)	25% of drug costs between \$435.01 and \$4,020 (Cap of \$9,038.75)
Coverage Gap Costs	<p>100% of costs between the initial coverage limit based on drug costs between \$3,700.01 and \$7,425.</p> <ul style="list-style-type: none"> <li>60% discount on brand name drugs</li> <li>49% discount on generic drugs</li> </ul>	<p>100% of costs between the initial coverage limit based on drug costs between \$3,750.01 and \$7,508.75.</p> <ul style="list-style-type: none"> <li>65% discount on brand name drugs</li> <li>56% discount on generic drugs</li> </ul>	<p>100% of costs between the initial coverage limit based on drug costs between \$3,820.01 and \$7,653.75.</p> <ul style="list-style-type: none"> <li>75% discount on brand name drugs</li> <li>63% discount on generic drugs</li> </ul>	<p>100% of costs between the initial coverage limit based on drug costs between \$4,020.01 and \$9,038.75.</p> <ul style="list-style-type: none"> <li>75% discount on brand name drugs</li> <li>63% discount on generic drugs</li> </ul>
Copayments	<ul style="list-style-type: none"> <li>\$3.30 generic drugs</li> <li>\$8.25 brand name drugs</li> </ul>	<ul style="list-style-type: none"> <li>\$3.35 generic drugs</li> <li>\$8.35 brand name drugs</li> </ul>	<ul style="list-style-type: none"> <li>\$3.40 generic drugs</li> <li>\$8.50 brand name drugs</li> </ul>	<ul style="list-style-type: none"> <li>\$3.60 generic drugs</li> <li>\$8.95 brand name drugs</li> </ul>

### Extra Help Full Subsidy Information

Cost Type	2017	2018	2019	2020
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Premium	\$0	\$0	<u>\$0</u>	<u>\$0</u>
Annual Deductible	\$0	\$0	<u>\$0</u>	<u>\$0</u>
Coinsurance Costs	None	None	<u>None</u>	<u>None</u>
Coverage Gap Costs	None	None	<u>None</u>	<u>None</u>
Copayments	< 100% FPG: <ul style="list-style-type: none"> <li>• <del>\$1.20</del> generic drugs</li> <li>• <del>\$3.70</del> brand name drugs</li> </ul>	< 100% FPG <ul style="list-style-type: none"> <li>• <del>\$1.25</del> generic drugs</li> <li>• <del>\$3.70</del> brand name drugs</li> </ul>	< 100% FPG <ul style="list-style-type: none"> <li>• <u>\$1.25</u> generic drugs</li> <li>• <u>\$3.80</u> brand name drugs</li> </ul>	< 100% FPG <ul style="list-style-type: none"> <li>• <u>\$1.30</u> generic drugs</li> <li>• <u>\$3.90</u> brand name drugs</li> </ul>

**Extra Help Partial Subsidy Information**

<b>Cost Type</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Premium	Sliding scale premiums	Sliding scale premiums	<u>Sliding scale premiums</u>	<u>Sliding scale premiums</u>
Annual Deductible	\$82	\$83	<u>\$85</u>	<u>\$89</u>
Coinsurance Costs	15%	15%	<u>15%</u>	<u>15%</u>
Coverage Gap Costs	None	None	<u>None</u>	<u>None</u>
Copayments	<ul style="list-style-type: none"> <li>• <del>\$3.35</del> generic drugs</li> <li>• <del>\$8.25</del> brand name drugs</li> </ul>	<ul style="list-style-type: none"> <li>• <del>\$3.35</del> generic drugs</li> <li>• <del>\$8.35</del> brand name drugs</li> </ul>	<ul style="list-style-type: none"> <li>• <u>\$3.40</u> generic drugs</li> <li>• <u>\$8.50</u> brand name drugs</li> </ul>	<ul style="list-style-type: none"> <li>• <u>\$3.60</u> generic drugs</li> <li>• <u>\$8.95</u> brand name drugs</li> </ul>

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## D. Appendix F Standards and Guidelines

Appendix F

# Standards and Guidelines

This appendix provides figures used to determine eligibility for a person, or in a specific calculation completed to determine eligibility.

## Community Spouse Allowances

The Community Spouse Allowances are used when determining the long-term care (LTC) income calculation's community spouse allocation.

### Basic Shelter Allowance

The Basic Shelter Allowance is used to determine if the community spouse has any excess shelter expenses.

Effective Dates	Basic Shelter Allowance
July 1, 2019 to June 30, 2020	\$635
July 1, 2018 to June 30, 2019	\$617

### Maximum Monthly Income Allowance

The Maximum Monthly Income Allowance, along with the Minimum Monthly Income Allowance, is used to determine the community spouse's monthly maintenance needs amount.

Effective Dates	Maximum Monthly Income Allowance
<u>January 1, 2020 to December 31, 2020</u>	<u>\$3,216.50</u>
January 1, 2019 to December 31, 2019	\$3,160.50
<del>January 1, 2018 to December 31, 2018</del>	<del>\$3,090</del>

### Minimum Monthly Income Allowance

The Minimum Monthly Income Allowance, along with the Maximum Monthly Income Allowance, is used to determine the community spouse's monthly maintenance needs amount.

Effective Dates	Minimum Monthly Income Allowance
July 1, 2019 to June 30, 2020	\$ 2,115
July 1, 2018 to June 30, 2019	\$2,058



## Utility Allowance

The Utility Allowance is allowed as a shelter expense if the community spouse is responsible for heating or cooling costs.

Effective Dates	Utility Allowance
October 1, 2019 to September 30, 2020	\$490
October 1, 2018 to September 30, 2019	\$493

The Electricity and Telephone Allowances are allowed as shelter expenses if the community spouse is not responsible for heating or cooling expenses, but is responsible for electricity or telephone expenses.

Effective Dates	Electricity Allowance
October 1, 2019 to September 30, 2020	\$143
October 1, 2018 to September 30, 2019	\$126

Effective Dates	Telephone Allowance
October 1, 2019 to September 30, 2020	\$49
October 1, 2018 to September 30, 2019	\$47

## Federal Poverty Guidelines

The federal poverty guidelines (FPG) are used to determine income eligibility for the Minnesota Health Care Programs (MHCP).

Refer to Insurance and Affordability Programs (IAPs) Income and Asset Guidelines (DHS-3461A) for the current FPG.

## Home Equity Limit

The Home Equity Limit is applied only in specific situations and at certain times.

Effective Dates	Home Equity Limit
<u>January 1, 2020 to December 31, 2020</u>	<u>\$595,000</u>
January 1, 2019 to December 31, 2019	\$585,000
<del>January 1, 2018 to December 31, 2018</del>	<del>\$572,000</del>

## IRS Mileage Rate

The IRS mileage rate is used in many calculations to determine eligibility or reimbursement costs.

<b>Effective Dates</b>	<b>IRS Mileage Rate</b>
January 1, 2019 to December 31, 2019	58 cents
January 1, 2018 to December 31, 2018	54.5 cents

## **Long-Term Needs Allowances**

The LTC needs allowances provide figures for needs allowances used in the LTC income calculation and for determining the community spouse or family allocation amounts.

### **Clothing and Personal Needs Allowance**

The Clothing and Personal Needs Allowance is used when the enrollee is not eligible for any of the other LTC needs allowances.

<b>Effective Dates</b>	<b>Clothing and Personal Needs Allowance</b>
<u>January 1, 2020 to December 31, 2020</u>	<u>\$104</u>
January 1, 2019 to December 31, 2019	\$102
<del>January 1, 2018 to December 31, 2018</del>	<del>\$99</del>

### **Home Maintenance Allowance**

The Home Maintenance Allowance can be deducted from a person's LTC income calculation if certain conditions are met.

<b>Effective Dates</b>	<b>Home Maintenance Allowance</b>
July 1, 2019 to June 30, 2020	\$1,041
July 1, 2018 to June 30, 2019	\$1,012

### **Special Income Standard for Elderly Waiver Maintenance Needs Allowance**

The Special Income Standard for Elderly Waiver (SIS-EW) maintenance needs allowance is used in the LTC income calculation for persons who have income at or below the Special Income Standard (SIS).

<b>Effective Dates</b>	<b>Maintenance Needs Allowance</b>
July 1, 2019 to June 30, 2020	\$1,024
July 1, 2018 to June 30, 2019	\$1,003

## **Maximum Asset Allowance**

The Maximum Asset Allowance is used for the community spouse asset allowance for an asset assessment.

<b>Effective Dates</b>	<b>Minimum</b>	<b>Maximum</b>
<u>January 1, 2020 to December 31, 2020</u>	<u>No minimum</u>	<u>\$128,640</u>
January 1, 2019 to December 31, 2019	No minimum	\$126,420
<del>January 1, 2018 to December 31, 2018</del>	<del>No minimum</del>	<del>\$123,600</del>

## **MinnesotaCare Premium Amounts**

MinnesotaCare premiums are calculated using a sliding fee scale based on household size and annual income.

Refer to MinnesotaCare Premium Estimator Table (DHS-4139) for information about MinnesotaCare premiums. The table provides an estimate of the premium before receiving the actual bill. The premium calculated by the system and listed on the bill is the official calculation and the amount to be paid.

## **Pickle Disregard**

The Pickle Disregard is a disregard of the Retirement, Survivors and Disability Insurance (RSDI) cost of living adjustment (COLA) amounts for Medical Assistance (MA) Method B and the Medicare Savings Programs (MSP).

<b>Effective Date</b>	<b>Pickle Disregard</b>
<u>January 1, 2020 to December 31, 2020</u>	<u>1.016</u>
January 1, 2019 to December 31, 2019	1.028
<del>January 1, 2018 to December 31, 2018</del>	<del>1.02</del>

## **Remedial Care Expense**

The Remedial Care Expense deduction amount can be used as a health care expense when meeting a spenddown or as an income deduction in an LTC income calculation.

<b>Effective Dates</b>	<b>Remedial Care Expense</b>
<u>January 1, 2020 to June 30, 2020</u>	<u>\$182</u>
July 1, 2019 to June 30, 2020	\$180
<del>January 1, 2019 to June 30, 2019</del>	<del>\$196</del>

## Roomer and Boarder Standard Amount

The Roomer and Boarder Standard income is used in calculating the amount of self-employment income a person who rents or boards another person has to add to the MA Method A income calculation.

<b>Roomer and Boarder Standard</b>	<b>Amount</b>
Roomer Amount	\$71
Boarder Amount	\$155
Roomer plus Boarder Amount	\$226

## Special Income Standard

The Special Income Standard (SIS) is used to determine certain criteria for the Elderly Waiver (EW) Program.

<b>Effective Dates</b>	<b>SIS</b>
<u>January 1, 2020 to December 31, 2020</u>	<u>\$2,349</u>
January 1, 2019 to December 31, 2019	\$2,313
<del>January 1, 2018 to December 31, 2018</del>	<del>\$2,250</del>

## Statewide Average Payment for Skilled Nursing Facility Care

The statewide average payment for skilled nursing facility (SAPSNF) care amount is used to determine a transfer penalty for MA. The SAPSNF is updated annually in July.

<b>Effective Dates</b>	<b>SAPSNF</b>
July 1, 2019 to June 30, 2020	\$7,960
July 1, 2018 to June 30, 2019	\$7,288

## Student Earned Income Exclusion

The Student Earned Income Exclusion is a disregard of earned income for people who are under age 22 and regularly attending school. It is only available for MA Method B and MSP.

<b>Effective Date</b>	<b>Monthly</b>	<b>Annual</b>
<u>January 1, 2020 to December 31, 2020</u>	<u>\$1,900</u>	<u>\$7,670</u>
January 1, 2019 to December 31, 2019	\$1,870	\$7,550
<del>January 1, 2018 to December 31, 2018</del>	<del>\$1,820</del>	<del>\$7,350</del>

## Supplemental Security Income Maximum Payment Amount

These figures are the maximum benefit amounts for people eligible for Supplemental Security Income (SSI). A person's SSI benefit amount is based on the income of the person and certain responsible household members.

SSI benefit payments may be deducted from the LTC income calculation if the person qualifies for the Special SSI Deduction.

Effective Date	Individual
<u>January 1, 2020 to December 31, 2020</u>	<u>\$783</u>
January 1, 2019 to December 31, 2019	\$771
<del>January 1, 2018 to December 31, 2018</del>	<del>\$750</del>

Effective Date	Couple
<u>January 1, 2020 to December 31, 2020</u>	<u>\$1,175</u>
January 1, 2019 to December 31, 2019	\$1,157
<del>January 1, 2018 to December 31, 2018</del>	<del>\$1,125</del>

## Tax Filing Income Threshold For Children and Tax Dependents

The tax filing income threshold refers to the income level at which a person must file a federal income tax return. The thresholds for tax dependents determines whether a child's or tax dependents income is counted or excluded when calculating household income for MA-FCA and MinnesotaCare eligibility.

The income threshold for tax filing varies based on the tax dependents age and marital status and whether the person is blind. If a child or tax dependent has income at or below these thresholds, his or her income will not count toward the household income for MA-FCA and MinnesotaCare eligibility.

The income threshold applies to the taxable income that a child or tax dependent is expected to receive in the tax year. Nontaxable income, such as Supplemental Security Income (SSI) and veteran's benefits, is not included in determining whether a child's or tax dependent's income is at or below the income threshold. Any nontaxable portion of a child's Social Security dependent or survivor benefits is not included.

The income thresholds for children and tax dependents are:

### Tax Filing Income Thresholds for Tax Dependents

Marital Status	Age over 65?	Blind?	Income Type	2018 Tax Year	2019 Tax Year	<u>2020 Tax Year</u>
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				<b>Threshold Amount</b>	<b>Threshold Amount</b>	<b><u>Threshold Amount</u></b>
Single	No	No	Earned Income	<del>\$6,350</del>	\$12,000	<u>\$12,200</u>
Single	No	No	Unearned Income	<del>\$1,050</del>	\$1,050	<u>\$1,100</u>
Single	No	No	Gross Income	<del>Larger of \$1,050 or Earned Income Reported up to \$6,000 + \$350</del>	Larger of \$1,050 or Earned Income Reported up to \$11,650 + \$350	<u>Larger of \$1,100 or Earned Income Reported up to \$11,850 + \$350</u>
Single	Yes	No	Earned Income	<del>\$7,900</del>	\$13,600	<u>\$13,850</u>
Single	Yes	No	Unearned Income	<del>\$2,600</del>	\$2,650	<u>\$2,750</u>
Single	Yes	No	Gross Income	<del>Larger of \$2,600 or Earned Income Reported up to \$6,000 + \$1,900</del>	Larger of \$2,650 or Earned Income Reported up to \$11,650 + \$1,950	<u>Larger of \$2,750 or Earned Income Reported up to \$11,850 + \$2,000</u>
Single	No	Yes	Earned Income	<del>\$7,900</del>	\$13,600	<u>\$13,850</u>
Single	No	Yes	Unearned Income	<del>\$2,600</del>	\$2,650	<u>\$2,750</u>
Single	No	Yes	Gross Income	<del>Larger of \$2,600 or Earned Income Reported up to \$6,000 + \$1,900</del>	Larger of \$2,650 or Earned Income Reported up to \$11,650 + \$1,950	<u>Larger of \$2,750 or Earned Income Reported up to \$11,850 + \$2,000</u>
Single	Yes	Yes	Earned Income	<del>\$9,450</del>	\$15,200	<u>\$15,500</u>
Single	Yes	Yes	Unearned Income	<del>\$4,150</del>	\$4,250	<u>\$4,400</u>

Single	Yes	Yes	Gross Income	Larger of \$4,150 or Earned Income Reported up to <del>\$6,000</del> + \$3,450	Larger of \$4,250 or Earned Income Reported up to \$11,650 + \$3,550	Larger of <u>\$4,400</u> or <u>Earned Income Reported up to \$11,850 + \$3,650</u>
Married	No	No	Earned Income	<del>\$6,350</del>	\$12,000	<u>\$12,200</u>
Married	No	No	Unearned Income	<del>\$1,050</del>	\$1,050	<u>\$1,100</u>
Married	No	No	Gross Income	Larger of <del>\$1,050</del> or Earned Income Reported up to <del>\$6,000</del> + \$350	Larger of \$1,050 or Earned Income Reported up to \$11,650 + \$350	Larger of <u>\$1,100</u> or <u>Earned Income Reported up to \$11,850 + \$350</u>
Married	Yes	No	Earned Income	<del>\$7,600</del>	\$13,300	<u>\$13,500</u>
Married	Yes	No	Unearned Income	<del>\$2,300</del>	\$2,350	<u>\$2,400</u>
Married	Yes	No	Gross Income	Larger of <del>\$2,300</del> or Earned Income Reported up to <del>\$6,000</del> + \$1,600	Larger of \$2,350 or Earned Income Reported up to \$11,650 + \$1,650	Larger of <u>\$2,400</u> or <u>Earned Income Reported up to \$11,850 + \$1,650</u>
Married	No	Yes	Earned Income	<del>\$7,600</del>	\$13,300	<u>\$13,500</u>
Married	No	Yes	Unearned Income	<del>\$2,300</del>	\$2,350	<u>\$2,400</u>
Married	No	Yes	Gross Income	Larger of <del>\$2,300</del> or Earned Income Reported up to <del>\$6,000</del> + \$1,600	Larger of \$2,350 or Earned Income Reported up to \$11,650 + \$1,650	Larger of <u>\$2,400</u> or <u>Earned Income Reported up to \$11,850 + \$1,650</u>

Married	Yes	Yes	Earned Income	<del>\$8,850</del>	\$14,600	<u>\$14,800</u>
Married	Yes	Yes	Unearned Income	<del>\$3,550</del>	\$3,650	<u>\$3,700</u>
Married	Yes	Yes	Gross Income	<del>Larger of \$3,550 or Earned Income Reported up to \$6,000 + \$2,850</del>	Larger of \$3,650 or Earned Income Reported up to \$11,650 + \$2,950	<u>Larger of \$3,700 or Earned Income Reported up to \$11,850 + \$2,950</u>

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